



Plumbing Permit Application

City of Beaverton Community Development
 PO Box 4755, Beaverton, OR 97076
 Phone: (503) 526-2403; Fax: (503) 526-2550
 Internet address: www.beavertonoregon.gov

OFFICE USE ONLY	
Date Received:	Permit No.:
Date Issued:	By:
	Payment Type:

TYPE OF WORK	
<input type="checkbox"/> New construction	<input type="checkbox"/> Demolition
<input type="checkbox"/> Addition/alteration/replacement	<input type="checkbox"/> Other:
CATEGORY OF CONSTRUCTION	
<input type="checkbox"/> 1- and 2-family dwelling	<input type="checkbox"/> Commercial/industrial
<input type="checkbox"/> Accessory building	<input type="checkbox"/> Multi-family
<input type="checkbox"/> Master builder	<input type="checkbox"/> Other:
JOB SITE INFORMATION AND LOCATION	
Job site address:	
City/State/ZIP:	
Suite/bldg./apt. no.:	Project name:
Cross street/directions to job site:	
Subdivision:	Lot no.:
Tax map/parcel no.:	
DESCRIPTION OF WORK	
<input type="checkbox"/> PROPERTY OWNER	<input type="checkbox"/> TENANT
Name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
<input type="checkbox"/> APPLICANT	<input type="checkbox"/> CONTACT PERSON
Business name:	
Contact name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	
CONTRACTOR	
Business name:	
Address:	
City/State/ZIP:	
Phone: ()	Fax: ()
E-mail:	Plumbing lic.:
CCB lic.:	City or metro lic. no.:

FEE SCHEDULE			
<i>For special information, use checklist.</i>			
Description	Qty.	Ea.	Total
New 1- 2-family dwellings (includes 100 ft. for each utility connection)			
SFR (1) bath		242.00	
SFR (2) bath		278.30	
SFR (3) bath		314.60	
Each additional bath/kitchen		29.05	
Fire sprinkler (____ sq. ft.)		*	
Site utilities			
Catch basin or area drain		12.60	
Drywell, leach line, or trench drain		12.60	
Footing drain		12.60	
Manufactured home utilities		12.60	
Manholes		12.60	
Rain drain connector		12.60	
Sanitary sewer (no. linear ft.: ____)		*	
Storm sewer (no. linear ft.: ____)		*	
Water service (no. linear ft.: ____)		*	
Fixture or item			
Absorption valve		12.60	
Backflow preventer		27.10	
Backwater valve		12.60	
Clothes washer		12.60	
Dishwasher		12.60	
Drinking fountain		12.60	
Ejectors/sump		12.60	
Expansion tank		12.60	
Fixture/sewer cap		12.60	
Floor drain/floor sink/hub		12.60	
Garbage disposal		12.60	
Hose bib		12.60	
Ice maker		12.60	
Interceptor/grease trap		12.60	
Medical gas (value: \$ ____)		*	
Primer		12.60	
Roof drain (commercial)		12.60	
Sink/basin/lavatory		12.60	
Sump		12.60	
Tub/shower/shower pan		12.60	
Urinal		12.60	
Water closet		12.60	
Water heater		12.60	
Other:		12.60	
Subtotal			
Minimum permit fee			60.00
Plan review (25% of permit fee)			
State surcharge (12% of permit fee)			
TOTAL PERMIT FEE			

This permit application expires if a permit is not obtained within 180 days after it has been accepted as complete.

* See Fee Schedule

Authorized signature: _____

Print name:	Date:
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